

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Apr 26, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01616**

1. Entity Name  
**VINGI CORP.**

Principal Place of Business % GEORGE R. MORAITIS 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304	Mailing Address % GEORGE R. MORAITIS 915 MIDDLE RIVER DRIVE, SUITE 506 FORT LAUDERDALE FL 33304
--	--

2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
---	---

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number <b>59-2957744</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	---	--

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MORAITIS GEORGE R  
 915 MIDDLE RIVER DRIVE  
 SUITE 506  
 FORT LAUDERDALE FL 33304 US

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE **04/26/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> Delete
NAME VINGERHOETS LUZ MARIA	
STREET ADDRESS 915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> Delete
NAME HELGUERO MARIA ELENA DE	
STREET ADDRESS 915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE DT	<input type="checkbox"/> Delete
NAME VINGERHOETS MARIO	
STREET ADDRESS 915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE DS	<input type="checkbox"/> Delete
NAME VINGERHOETS ANA MARIA	
STREET ADDRESS 915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE DP	<input type="checkbox"/> Delete
NAME VINGERHOETS LEOPOLDO	
STREET ADDRESS 915 MIDDLE RIVER DRIVE, #506	
CITY-ST-ZIP FORT LAUDERDALE FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Leopoldo Vingerhoets P 04/26/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)